

3.6

WHAT HAS CHANGED SINCE 1992?

Table 6.1 Demographic and Socioeconomic Characteristics of Medicare Beneficiaries, 1992-2004

All Medicare Beneficiaries

1 of 3

Beneficiary Characteristic	1992	2003	2004	Annual Rate of Change 1992-2003 (%)	Annual Rate of Change 2003-2004 (%)	Annual Rate of Change 1992-2004 (%)
All Beneficiaries (in 1,000s)	36,785	42,274	42,869	1.26	1.41	1.23
	62	124	119			
Beneficiaries as a Percentage of Column Total						
Medicare Status						
65 years and older	90.00	85.61	84.80	-0.45	-0.95	-0.47
	0.10	0.22	0.23			
64 years and younger	10.00	14.39	15.20	3.33	5.63	3.41
	0.10	0.22	0.23			
Gender						
Male	42.92	44.02	44.09	0.23	0.16	0.22
	0.25	0.30	0.32			
Female	57.08	55.98	55.91	-0.17	-0.13	-0.17
	0.25	0.30	0.32			
Race/Ethnicity						
White non-Hispanic	84.21	78.42	78.22	-0.64	-0.26	-0.59
	0.55	0.55	0.56			
All others	15.79	21.58	21.78	2.85	0.93	2.61
	0.55	0.55	0.56			
Functional Limitation						
None	52.13	54.69	55.46	0.43	1.41	0.50
	0.62	0.51	0.59			
IADL only ¹	21.96	21.72	21.37	-0.10	-1.61	-0.22
	0.41	0.36	0.44			
One to two ADLs ²	14.51	13.27	13.50	-0.80	1.73	-0.58
	0.35	0.33	0.36			
Three to five ADLs	11.40	10.32	9.68	-0.89	-6.20	-1.30
	0.33	0.27	0.31			

Table 6.1 Demographic and Socioeconomic Characteristics of Medicare Beneficiaries, 1992-2004

All Medicare Beneficiaries

2 of 3

Beneficiary Characteristic	1992	2003	2004	Annual Rate of Change 1992-2003 (%)	Annual Rate of Change 2003-2004 (%)	Annual Rate of Change 1992-2004 (%)
All Beneficiaries (in 1,000s)	36,785	42,274	42,869	1.26	1.41	1.23
	62	124	119			
Beneficiaries as a Percentage of Column Total						
Usual Source of Care						
No usual source of care	9.55	4.55	4.20	-6.45	-7.69	-6.36
	0.35	0.23	0.21			
Has usual source of care	90.45	95.45	95.80	0.49	0.37	0.46
	0.35	0.23	0.21			
Living Arrangement						
Community						
Alone	27.00	28.85	28.93	0.60	0.28	0.55
	0.36	0.43	0.56			
With spouse	51.17	49.40	48.47	-0.32	-1.88	-0.43
	0.39	0.48	0.59			
With children/others	16.74	17.21	18.21	0.25	5.81	0.68
	0.36	0.37	0.43			
Long-Term Care Facility	5.09	4.55	4.39	-1.00	-3.52	-1.18
	0.18	0.15	0.15			
Health Insurance						
Medicare fee-for-service only	11.88	9.88	9.62	-1.65	-2.63	-1.67
	0.37	0.38	0.29			
Medicaid	16.27	19.29	20.45	1.54	6.01	1.85
	0.45	0.42	0.39			
Private health insurance	65.82	58.82	57.73	-1.01	-1.85	-1.04
	0.59	0.58	0.53			
Medicare HMO ³	6.03	12.01	12.19	6.40	1.50	5.79
	0.30	0.30	0.31			

Table 6.1 Demographic and Socioeconomic Characteristics of Medicare Beneficiaries, 1992-2004

All Medicare Beneficiaries

3 of 3

Beneficiary Characteristic	1992	2003	2004	Annual Rate of Change 1992-2003 (%)	Annual Rate of Change 2003-2004 (%)	Annual Rate of Change 1992-2004 (%)
All Beneficiaries (in 1,000s)	36,785	42,274	42,869	1.26	1.41	1.23
	<i>62</i>	<i>124</i>	<i>119</i>			
Beneficiaries as a Percentage of Column Total						
Share of Income						
Lowest income quartile	6.66	6.88	6.66	0.29	-3.20	0.00
	<i>0.22</i>	<i>0.16</i>	<i>0.21</i>			
Second income quartile	13.29	14.53	13.29	0.81	-8.53	0.00
	<i>0.41</i>	<i>0.37</i>	<i>0.39</i>			
Third income quartile	24.47	25.88	23.91	0.51	-7.61	-0.19
	<i>0.66</i>	<i>0.59</i>	<i>0.66</i>			
Highest income quartile	55.58	52.70	56.15	-0.48	6.55	0.08
	<i>1.05</i>	<i>0.83</i>	<i>1.02</i>			

Source: Medicare Current Beneficiary Survey, Cost and Use Public Use Files, and Access to Care Public Use Files: CY 1992, CY 2003, and CY 2004.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

1 *IADL* stands for Instrumental Activity of Daily Living.2 *ADL* stands for Activity of Daily Living.3 *HMO* stands for Health Maintenance Organization.

Table 6.2 Personal Health Care Expenditures for Medicare Beneficiaries by Type of Medical Service, 1992-2004
(Total Expenditures in millions of nominal dollars)

All Medicare Beneficiaries

1 of 3

Medical Service	1992	2003	2004	Annual Rate of Change 1992-2003 (%)	Annual Rate of Change 2003-2004 (%)	Annual Rate of Change 1992-2004 (%)
Total Medical Services						
All beneficiaries	\$247,037	\$521,292	\$564,212	6.95	8.23	6.83
	4,091	10,729	9,539			
Beneficiaries 65 years and older	213,755	437,044	456,330	6.65	4.41	6.25
	3,608	7,360	6,542			
Beneficiaries 64 years and younger	33,282	84,248	107,882	8.72	28.05	9.86
	2,029	6,040	7,604			
Inpatient Hospital Services						
All beneficiaries	81,061	141,085	142,754	5.11	1.18	4.63
	2,145	6,438	4,466			
Beneficiaries 65 years and older	71,036	116,415	115,795	4.55	-0.53	3.99
	2,045	3,980	3,607			
Beneficiaries 64 years and younger	10,025	24,670	26,959	8.44	9.28	8.24
	788	4,593	2,616			
Outpatient Hospital Services						
All beneficiaries	19,294	47,541	55,985	8.45	17.76	8.90
	623	1,618	2,150			
Beneficiaries 65 years and older	15,756	38,116	40,230	8.28	5.55	7.79
	534	1,493	1,188			
Beneficiaries 64 years and younger	3,538	9,424	15,755	9.22	67.18	12.69
	286	647	1,776			
Physician/Supplier Services						
All beneficiaries	57,367	136,841	152,010	8.14	11.09	8.11
	1,022	2,620	4,712			
Beneficiaries 65 years and older	51,593	116,446	122,553	7.60	5.24	7.17
	1,010	2,189	2,263			
Beneficiaries 64 years and younger	5,774	20,395	29,457	12.03	44.43	13.92
	286	1,310	4,345			

Table 6.2 Personal Health Care Expenditures for Medicare Beneficiaries by Type of Medical Service, 1992-2004
(Total Expenditures in millions of nominal dollars)

All Medicare Beneficiaries

2 of 3

Medical Service	1992	2003	2004	Annual Rate of Change 1992-2003 (%)	Annual Rate of Change 2003-2004 (%)	Annual Rate of Change 1992-2004 (%)
Dental Services						
All beneficiaries	\$4,882	\$11,720	\$12,591	8.20	7.43	7.87
	152	341	578			
Beneficiaries 65 years and older	4,469	10,469	10,955	7.96	4.64	7.44
	138	330	501			
Beneficiaries 64 years and younger	413	1,251	1,636	10.49	30.78	11.64
	51	162	195			
Prescription Medicines						
All beneficiaries	16,231	67,014	74,716	13.61	11.49	12.99
	231	1,076	1,032			
Beneficiaries 65 years and older	13,934	53,287	58,531	12.83	9.84	12.17
	229	877	817			
Beneficiaries 64 years and younger	2,297	13,727	16,186	17.46	17.91	16.91
	102	572	721			
Medicare Hospice Services						
All beneficiaries	868	6,019	7,143	19.04	18.67	18.37
	137	682	696			
Beneficiaries 65 years and older	831	5,784	6,611	19.08	14.30	18.05
	135	656	570			
Beneficiaries 64 years and younger	37	235	531	18.10	125.96	23.75
	23	115	326			
Medicare Home Health Services						
All beneficiaries	9,189	14,881	15,688	4.43	5.42	4.37
	638	1,068	716			
Beneficiaries 65 years and older	8,540	13,633	14,179	4.30	4.00	4.14
	611	1,024	683			
Beneficiaries 64 years and younger	649	1,249	1,509	6.07	20.82	6.98
	108	191	192			

Table 6.2 Personal Health Care Expenditures for Medicare Beneficiaries by Type of Medical Service, 1992-2004
(Total Expenditures in millions of nominal dollars)

All Medicare Beneficiaries

3 of 3

Medical Service	1992	2003	2004	Annual Rate of Change 1992-2003 (%)	Annual Rate of Change 2003-2004 (%)	Annual Rate of Change 1992-2004 (%)
Long-Term Facility Care¹						
All beneficiaries	\$58,146	\$96,191	\$103,325	4.63	7.42	4.71
	<i>2,909</i>	<i>2,723</i>	<i>3,379</i>			
Beneficiaries 65 years and older	47,596	82,894	87,476	5.12	5.53	4.99
	<i>1,916</i>	<i>2,633</i>	<i>3,011</i>			
Beneficiaries 64 years and younger	10,550	13,298	15,849	2.11	19.18	3.31
	<i>1,634</i>	<i>1,316</i>	<i>1,748</i>			

Source: Medicare Current Beneficiary Survey, Cost and Use Public Use Files: CY 1992, CY 2003, and CY 2004.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

- 1 Expenditures for long-term care in facilities include facility room and board expenses for beneficiaries who resided in a facility for the full year; facility room and board expenses for beneficiaries who resided in a facility for part of the year and in the community for part of the year; and expenditures for short-term facility stays (institutional events), primarily in skilled nursing facilities, for full-year or part-year community residents, which were reported during a community interview or created through Medicare claims data. See Appendix B for additional information.

Table 6.3 Personal Health Care Expenditures, Share of Personal Health Care Expenditures, and Payer Sources for Medicare Beneficiaries by Type of Medical Service, 1992-2004

All Medicare Beneficiaries

1 of 6

Medical Service	1992	2003	2004	Annual Rate of Change 1992-2003 (%)	Annual Rate of Change 2003-2004 (%)	Annual Rate of Change 1992-2004 (%)
Total Personal Health Care Expenditures (millions of \$)	\$247,037	\$521,292	\$564,212	6.95	8.23	6.83
	4,091	10,729	9,539			
Source of Payment (percent)						
Medicare	53.28	53.73	54.23	0.08	0.93	0.14
	0.83	0.68	0.58			
Medicaid	13.99	10.71	11.23	-2.38	4.86	-1.74
	0.81	0.42	0.45			
Private insurance	9.88	12.84	12.28	2.39	-4.36	1.75
	0.38	0.29	0.27			
Out of pocket	19.73	19.06	18.82	-0.31	-1.26	-0.38
	0.41	0.59	0.65			
Other source	3.11	3.66	3.44	1.48	-6.01	0.81
	0.26	0.22	0.18			
Total Inpatient Hospital Expenditures (millions of \$)	\$81,061	\$141,085	\$142,754	5.11	1.18	4.63
	2,145	6,438	4,466			
Percentage of Total Health Care Expenditures	32.81	27.06	25.30	-1.72	-6.50	-2.06
	0.66	0.78	0.60			
Source of Payment (percent)						
Medicare	87.08	86.22	88.40	-0.09	2.53	0.12
	0.85	1.72	0.93			
Medicaid	1.44	1.19	1.20	-1.70	0.84	-1.45
	0.10	0.08	0.07			
Private insurance	7.47	6.46	5.85	-1.30	-9.44	-1.94
	0.79	0.44	0.47			
Out of pocket	1.93	4.87	3.46	8.69	-28.95	4.78
	0.23	1.79	0.69			
Other source	2.07	1.26	1.09	-4.37	-13.49	-5.00
	0.30	0.29	0.36			

Table 6.3 Personal Health Care Expenditures, Share of Personal Health Care Expenditures, and Payer Sources for Medicare Beneficiaries by Type of Medical Service, 1992-2004

All Medicare Beneficiaries

2 of 6

Medical Service	1992	2003	2004	Annual Rate of Change 1992-2003 (%)	Annual Rate of Change 2003-2004 (%)	Annual Rate of Change 1992-2004 (%)
Total Personal Health Care Expenditures (millions of \$)	\$247,037	\$521,292	\$564,212	6.95	8.23	6.83
	4,091	10,729	9,539			
Total Outpatient Hospital Expenditures (millions of \$)	\$19,294	\$47,541	\$55,985	8.45	17.76	8.90
	623	1,618	2,150			
Percentage of Total Health Care Expenditures	7.81	9.12	9.92	1.41	8.77	1.93
	0.22	0.31	0.30			
Source of Payment (percent)						
Medicare	62.05	65.47	69.20	0.48	5.70	0.88
	0.77	1.10	0.89			
Medicaid	3.90	2.71	3.65	-3.22	34.69	-0.53
	0.28	0.22	0.35			
Private insurance	20.29	19.18	16.78	-0.51	-12.51	-1.51
	0.69	0.84	0.76			
Out of pocket	9.63	10.39	8.06	0.69	-22.43	-1.41
	0.40	0.80	0.60			
Other source	4.13	2.24	2.30	-5.36	2.68	-4.57
	0.41	0.25	0.38			
Total Physician/Supplier Services Expenditures (millions of \$)	\$57,367	\$136,841	\$152,010	8.14	11.09	8.11
	1,022	2,620	4,712			
Percentage of Total Health Care Expenditures	23.22	26.25	26.94	1.11	2.63	1.20
	0.39	0.39	0.56			

Table 6.3 Personal Health Care Expenditures, Share of Personal Health Care Expenditures, and Payer Sources for Medicare Beneficiaries by Type of Medical Service, 1992-2004

All Medicare Beneficiaries

3 of 6

Medical Service	1992	2003	2004	Annual Rate of Change 1992-2003 (%)	Annual Rate of Change 2003-2004 (%)	Annual Rate of Change 1992-2004 (%)
Total Personal Health Care Expenditures (millions of \$)	\$247,037	\$521,292	\$564,212	6.95	8.23	6.83
	4,091	10,729	9,539			
Source of Payment (percent)						
Medicare	63.44	65.41	63.91	0.28	-2.29	0.06
	0.40	0.73	1.67			
Medicaid	2.86	2.49	3.25	-1.24	30.52	1.03
	0.15	0.15	0.53			
Private insurance	14.87	13.90	12.76	-0.61	-8.20	-1.22
	0.35	0.33	0.45			
Out of pocket	17.79	16.93	19.48	-0.44	15.06	0.73
	0.32	0.66	2.16			
Other source	1.05	1.28	0.59	1.80	-53.91	-4.51
	0.11	0.34	0.06			
Total Dental Services Expenditures (millions of \$)	\$4,882	\$11,720	\$12,591	8.20	7.43	7.87
	152	341	578			
Percentage of Total Health Care Expenditures	1.98	2.25	2.23	1.16	-0.89	0.96
	0.07	0.08	0.11			
Source of Payment (percent)						
Medicare	0.11	1.37	1.47	25.48	7.30	23.05
	0.03	0.07	0.08			
Medicaid	2.18	0.90	2.44	-7.65	171.11	0.91
	0.24	0.14	0.80			
Private insurance	11.87	20.11	18.60	4.86	-7.51	3.66
	0.64	0.97	0.99			
Out of pocket	82.92	76.27	75.63	-0.75	-0.84	-0.73
	0.82	1.02	1.43			
Other source	2.92	1.35	1.85	-6.71	37.04	-3.59
	0.49	0.32	0.41			

Table 6.3 Personal Health Care Expenditures, Share of Personal Health Care Expenditures, and Payer Sources for Medicare Beneficiaries by Type of Medical Service, 1992-2004

All Medicare Beneficiaries

4 of 6

Medical Service	1992	2003	2004	Annual Rate of Change 1992-2003 (%)	Annual Rate of Change 2003-2004 (%)	Annual Rate of Change 1992-2004 (%)
Total Personal Health Care Expenditures (millions of \$)	\$247,037	\$521,292	\$564,212	6.95	8.23	6.83
	4,091	10,729	9,539			
Total Prescription Medicine Expenditures (millions of \$)	\$16,231	\$67,014	\$74,716	13.61	11.49	12.99
	231	1,076	1,032			
Percentage of Total Health Care Expenditures	6.57	12.86	13.24	6.23	2.95	5.77
	0.13	0.25	0.25			
Source of Payment (percent)						
Medicare	0.32	4.26	4.45	26.24	4.46	23.44
	0.06	0.15	0.15			
Medicaid	10.25	15.29	15.68	3.66	2.55	3.46
	0.39	0.60	0.69			
Private insurance	25.45	36.13	36.13	3.20	0.00	2.84
	0.69	0.66	0.72			
Out of pocket	57.48	32.58	30.78	-4.98	-5.52	-4.87
	0.71	0.52	0.35			
Other source	6.51	11.74	12.97	5.45	10.48	5.67
	0.44	0.45	0.54			
Total Hospice Services Expenditures (millions of \$)	\$868	\$6,019	\$7,143	19.04	18.67	18.37
	137	682	696			
Percentage of Total Health Care Expenditures	0.35	1.15	1.27	11.30	10.43	10.86
	0.06	0.13	0.12			

Table 6.3 Personal Health Care Expenditures, Share of Personal Health Care Expenditures, and Payer Sources for Medicare Beneficiaries by Type of Medical Service, 1992-2004

All Medicare Beneficiaries

5 of 6

Medical Service	1992	2003	2004	Annual Rate of Change 1992-2003 (%)	Annual Rate of Change 2003-2004 (%)	Annual Rate of Change 1992-2004 (%)
Total Personal Health Care Expenditures (millions of \$)	\$247,037	\$521,292	\$564,212	6.95	8.23	6.83
	4,091	10,729	9,539			
Source of Payment (percent)						
Medicare	99.98	100.00	100.00	0.00	0.00	0.00
	0.02	0.00	0.00			
Medicaid	0.00	0.00	0.00	0.00	0.00	0.00
	0.00	0.00	0.00			
Private insurance	0.00	0.00	0.00	0.00	0.00	0.00
	0.00	0.00	0.00			
Out of pocket	0.02	0.00	0.00	-100.00	0.00	-100.00
	0.02	0.00	0.00			
Other source	0.00	0.00	0.00	0.00	0.00	0.00
	0.00	0.00	0.00			
Total Home Health Services Expenditures (millions of \$)	\$9,189	\$14,881	\$15,688	4.43	5.42	4.37
	638	1,068	716			
Percentage of Total Health Care Expenditures	3.72	2.85	2.78	-2.37	-2.46	-2.30
	0.24	0.18	0.12			
Source of Payment (percent)						
Medicare	89.94	84.96	92.84	-0.51	9.27	0.25
	1.90	5.79	1.07			
Medicaid	0.96	1.60	1.02	4.70	-36.25	0.49
	0.32	0.56	0.42			
Private insurance	1.19	4.49	0.55	12.69	-87.75	-5.99
	0.67	3.92	0.23			
Out of pocket	5.82	7.98	4.21	2.88	-47.24	-2.56
	1.49	2.44	0.97			
Other source	2.08	0.97	1.39	-6.64	43.30	-3.17
	1.15	0.32	0.57			

Table 6.3 Personal Health Care Expenditures, Share of Personal Health Care Expenditures, and Payer Sources for Medicare Beneficiaries by Type of Medical Service, 1992-2004

All Medicare Beneficiaries

6 of 6

Medical Service	1992	2003	2004	Annual Rate of Change 1992-2003 (%)	Annual Rate of Change 2003-2004 (%)	Annual Rate of Change 1992-2004 (%)
Total Personal Health Care Expenditures (millions of \$)	\$247,037	\$521,292	\$564,212	6.95	8.23	6.83
	<i>4,091</i>	<i>10,729</i>	<i>9,539</i>			
Total Long-Term Facility Care¹ Expenditures (millions of \$)	\$58,146	\$96,191	\$103,325	4.63	7.42	4.71
	<i>2,909</i>	<i>2,723</i>	<i>3,379</i>			
Percentage of Total Health Care Expenditures	23.54	18.45	18.31	-2.17	-0.76	-1.99
	<i>1.02</i>	<i>0.47</i>	<i>0.58</i>			
Source of Payment (percent)						
Medicare	6.00	16.78	18.06	9.70	7.63	9.22
	<i>0.47</i>	<i>0.79</i>	<i>0.78</i>			
Medicaid	50.14	40.41	41.14	-1.92	1.81	-1.57
	<i>2.02</i>	<i>1.49</i>	<i>1.55</i>			
Private insurance	1.87	2.54	2.63	2.79	3.54	2.77
	<i>0.30</i>	<i>0.29</i>	<i>0.32</i>			
Out of pocket	36.46	33.71	32.85	-0.70	-2.55	-0.83
	<i>1.73</i>	<i>1.34</i>	<i>1.25</i>			
Other source	5.53	6.56	5.32	1.55	-18.90	-0.31
	<i>0.90</i>	<i>0.73</i>	<i>0.62</i>			

Source: Medicare Current Beneficiary Survey, Cost and Use Public Use Files: CY 1992, CY 2003, and CY 2004.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

- 1 Expenditures for long-term care in facilities include facility room and board expenses for beneficiaries who resided in a facility for the full year; facility room and board expenses for beneficiaries who resided in a facility for part of the year and in the community for part of the year; and expenditures for short-term facility stays (institutional events), primarily in skilled nursing facilities, for full-year or part-year community residents, which were reported during a community interview or created through Medicare claims data. See Appendix B for additional information.

Table 6.4 Personal Health Care Expenditures for Medicare Beneficiaries by Demographic and Socioeconomic Characteristics, 1992-2004

All Medicare Beneficiaries

1 of 3

Beneficiary Characteristic	1992	2003	2004	Annual Rate of Change 1992-2003 (%)	Annual Rate of Change 2003-2004 (%)	Annual Rate of Change 1992-2004 (%)
Personal Health Care Expenditures (millions of \$)	\$247,037	\$521,292	\$564,212	6.95	8.23	6.83
	4,091	10,729	9,539			
Percentage of Personal Health Care Expenditures¹						
Medicare Status						
65 years and older	86.53	83.84	80.88	-0.28	-3.53	-0.54
	0.74	0.94	1.13			
64 years and younger	13.47	16.16	19.12	1.65	18.32	2.84
	0.74	0.94	1.13			
Race/Ethnicity						
White non-Hispanic	84.51	78.12	76.51	-0.71	-2.06	-0.79
	0.87	0.89	1.15			
All others	15.49	21.88	23.49	3.16	7.36	3.39
	0.87	0.89	1.15			
Living Arrangement						
Community						
Alone	22.18	26.03	26.93	1.45	3.46	1.56
	0.69	0.78	1.15			
With spouse	38.02	39.55	38.04	0.36	-3.82	0.00
	0.98	0.99	1.05			
With children/others	16.45	16.90	17.59	0.24	4.08	0.54
	0.90	0.92	0.68			
Long-Term Care Facility	23.35	17.51	17.44	-2.56	-0.40	-2.31
	1.06	0.65	0.80			

Table 6.4 Personal Health Care Expenditures for Medicare Beneficiaries by Demographic and Socioeconomic Characteristics, 1992-2004

All Medicare Beneficiaries

2 of 3

Beneficiary Characteristic	1992	2003	2004	Annual Rate of Change 1992-2003 (%)	Annual Rate of Change 2003-2004 (%)	Annual Rate of Change 1992-2004 (%)
Personal Health Care Expenditures (millions of \$)	\$247,037	\$521,292	\$564,212	6.95	8.23	6.83
	4,091	10,729	9,539			
Percentage of Personal Health Care Expenditures¹						
Functional Limitation						
None	25.85	32.66	32.52	2.13	-0.43	1.85
	0.85	0.96	0.81			
IADL only ²	20.09	21.80	23.34	0.74	7.06	1.21
	0.87	0.67	1.05			
One to two ADLs ³	20.23	17.95	17.86	-1.07	-0.50	-0.99
	0.79	0.72	0.69			
Three to five ADLs	33.83	27.59	26.28	-1.82	-4.75	-2.00
	0.99	0.87	0.94			
Health Insurance⁴						
Medicare fee-for-service only	9.15	8.05	6.40	-1.15	-20.50	-2.82
	0.57	0.91	0.38			
Medicaid	33.83	31.71	34.54	-0.58	8.92	0.17
	1.21	1.22	1.18			
Private health insurance	51.81	50.89	49.33	-0.16	-3.07	-0.39
	1.24	1.03	1.02			

Table 6.4 Personal Health Care Expenditures for Medicare Beneficiaries by Demographic and Socioeconomic Characteristics, 1992-2004

All Medicare Beneficiaries

3 of 3

Beneficiary Characteristic	1992	2003	2004	Annual Rate of Change 1992-2003 (%)	Annual Rate of Change 2003-2004 (%)	Annual Rate of Change 1992-2004 (%)
Personal Health Care Expenditures (millions of \$)	\$247,037	\$521,292	\$564,212	6.95	8.23	6.83
	<i>4.091</i>	<i>10.729</i>	<i>9.539</i>			
Percentage of Personal Health Care Expenditures¹						
Income						
Lowest income quartile	32.60	31.16	31.32	-0.41	0.51	-0.32
	<i>0.98</i>	<i>1.03</i>	<i>0.89</i>			
Second income quartile	26.57	25.29	26.07	-0.44	3.08	-0.15
	<i>0.85</i>	<i>0.89</i>	<i>1.00</i>			
Third income quartile	22.47	24.72	23.49	0.86	-4.98	0.36
	<i>0.75</i>	<i>1.04</i>	<i>0.87</i>			
Highest income quartile	18.36	18.83	19.12	0.23	1.54	0.33
	<i>0.81</i>	<i>0.66</i>	<i>0.67</i>			

Source: Medicare Current Beneficiary Survey, Cost and Use Public Use Files: CY 1992, CY 2003, and CY 2004.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

1 Column percentages in longitudinal tables add up to 100 percent because expenditures for survey persons with missing values are assumed to be distributed the same as expenditures for those with nonmissing values.

2 IADL stands for Instrumental Activity of Daily Living.

3 ADL stands for Activity of Daily Living.

4 Health insurance will not add up to 100 percent because beneficiaries with Medicare Health Maintenance Organization coverage are not included.

Table 6.5 Inpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries, by Demographic and Socioeconomic Characteristics, 1992-2004Community-Only Residents¹

1 of 2

Beneficiary Characteristic	1992	2003	2004	Annual Rate of Change 1992-2003 (%)	Annual Rate of Change 2003-2004 (%)	Annual Rate of Change 1992-2004 (%)
Total Inpatient Hospital Expenditures (millions of \$)	\$72,063	\$118,576	\$120,463	4.58	1.59	4.20
	2,095	5,272	4,272			
Percentage of Total Inpatient Hospital Expenditures²						
Medicare Status						
65 years and older	86.92	83.53	80.30	-0.36	-3.87	-0.63
	1.01	2.61	1.72			
64 years and younger	13.08	16.47	19.70	2.10	19.61	3.33
	1.01	2.61	1.72			
Race/Ethnicity						
White non-Hispanic	82.19	74.76	75.72	-0.85	1.28	-0.65
	1.59	1.87	1.37			
All others	17.81	25.24	24.28	3.19	-3.80	2.51
	1.59	1.87	1.37			
Functional Limitation						
None	30.60	39.17	36.70	2.25	-6.31	1.46
	1.43	2.45	1.61			
IADL only ³	26.22	26.83	29.07	0.21	8.35	0.83
	1.59	1.60	1.65			
One to two ADLs ⁴	23.33	17.75	18.90	-2.43	6.48	-1.67
	1.49	1.33	1.39			
Three to five ADLs	19.84	16.25	15.34	-1.78	-5.60	-2.04
	1.39	1.49	1.70			

Table 6.5 Inpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries, by Demographic and Socioeconomic Characteristics, 1992-2004Community-Only Residents¹

2 of 2

Beneficiary Characteristic	1992	2003	2004	Annual Rate of Change 1992-2003 (%)	Annual Rate of Change 2003-2004 (%)	Annual Rate of Change 1992-2004 (%)
Total Inpatient Hospital Expenditures (millions of \$)	\$72,063	\$118,576	\$120,463	4.58	1.59	4.20
	<i>2,095</i>	<i>5,272</i>	<i>4,272</i>			
Percentage of Total Inpatient Hospital Expenditures²						
Health Insurance⁵						
Medicare fee-for-service only	9.26	10.79	6.87	1.39	-36.33	-2.36
	<i>0.96</i>	<i>2.77</i>	<i>0.93</i>			
Medicaid	19.67	23.39	23.76	1.57	1.58	1.52
	<i>1.58</i>	<i>1.92</i>	<i>1.59</i>			
Private health insurance	62.81	55.76	57.78	-1.07	3.62	-0.67
	<i>1.89</i>	<i>2.13</i>	<i>1.58</i>			
Income						
Lowest income quartile	26.54	27.14	32.58	0.20	20.04	1.65
	<i>1.52</i>	<i>1.70</i>	<i>1.81</i>			
Second income quartile	29.87	26.20	25.29	-1.17	-3.47	-1.32
	<i>1.59</i>	<i>1.98</i>	<i>1.78</i>			
Third income quartile	22.35	27.41	23.33	1.85	-14.89	0.34
	<i>1.37</i>	<i>2.68</i>	<i>1.63</i>			
Highest income quartile	21.24	19.24	18.81	-0.89	-2.23	-0.97
	<i>1.63</i>	<i>1.33</i>	<i>1.21</i>			

Source: Medicare Current Beneficiary Survey, Cost and Use Public Use Files: CY 1992, CY 2003, and CY 2004.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

- 1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
- 2 Column percentages in longitudinal tables add up to 100 percent because expenditures for survey persons with missing values are assumed to be distributed the same as expenditures for those with nonmissing values.
- 3 IADL stands for Instrumental Activity of Daily Living.
- 4 ADL stands for Activity of Daily Living.
- 5 Health insurance will not add up to 100 percent because beneficiaries with Medicare Health Maintenance Organization coverage are not included.

Table 6.6 Outpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries, by Demographic and Socioeconomic Characteristics, 1992-2004Community-Only Residents¹

1 of 2

Beneficiary Characteristic	1992	2003	2004	Annual Rate of Change 1992-2003 (%)	Annual Rate of Change 2003-2004 (%)	Annual Rate of Change 1992-2004 (%)
Total Outpatient Hospital Expenditures (millions of \$)	\$17,324	\$44,096	\$48,829	8.77	10.73	8.64
	628	1,529	1,617			
Percentage of Total Outpatient Hospital Expenditures²						
Medicare Status						
65 years and older	81.80	79.68	74.20	-0.24	-6.88	-0.78
	1.32	1.37	1.87			
64 years and younger	18.20	20.32	25.80	1.00	26.97	2.83
	1.32	1.37	1.87			
Race/Ethnicity						
White non-Hispanic	79.39	73.35	72.02	-0.71	-1.81	-0.78
	1.86	1.76	1.90			
All others	20.61	26.65	27.98	2.34	4.99	2.48
	1.86	1.76	1.90			
Functional Limitation						
None	41.71	46.79	44.30	1.04	-5.32	0.48
	1.86	1.95	1.55			
IADL only ³	27.74	28.34	28.85	0.19	1.80	0.31
	1.72	1.83	1.81			
One to two ADLs ⁴	19.30	14.75	18.74	-2.39	27.05	-0.24
	1.48	1.04	1.62			
Three to five ADLs	11.25	10.12	8.12	-0.95	-19.76	-2.57
	1.22	1.13	1.19			

Table 6.6 Outpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries, by Demographic and Socioeconomic Characteristics, 1992-2004Community-Only Residents¹

2 of 2

Beneficiary Characteristic	1992	2003	2004	Annual Rate of Change 1992-2003 (%)	Annual Rate of Change 2003-2004 (%)	Annual Rate of Change 1992-2004 (%)
Total Outpatient Hospital Expenditures (millions of \$)	\$17,324	\$44,096	\$48,829	8.77	10.73	8.64
	<i>628</i>	<i>1,529</i>	<i>1,617</i>			
Percentage of Total Outpatient Hospital Expenditures²						
Health Insurance⁵						
Medicare fee-for-service only	9.06	7.16	5.21	-2.10	-27.23	-4.33
	<i>0.83</i>	<i>0.66</i>	<i>0.50</i>			
Medicaid	19.50	22.17	25.94	1.16	17.00	2.31
	<i>1.76</i>	<i>1.50</i>	<i>1.58</i>			
Private health insurance	64.90	60.42	58.19	-0.64	-3.69	-0.87
	<i>1.95</i>	<i>1.52</i>	<i>1.58</i>			
Income						
Lowest income quartile	24.72	27.23	33.22	0.87	22.00	2.39
	<i>1.63</i>	<i>1.45</i>	<i>1.58</i>			
Second income quartile	27.59	23.33	22.41	-1.50	-3.94	-1.65
	<i>1.86</i>	<i>1.30</i>	<i>1.20</i>			
Third income quartile	24.83	26.43	23.40	0.56	-11.46	-0.47
	<i>1.55</i>	<i>1.57</i>	<i>1.09</i>			
Highest income quartile	22.86	23.01	20.97	0.06	-8.87	-0.69
	<i>1.31</i>	<i>1.55</i>	<i>1.48</i>			

Source: Medicare Current Beneficiary Survey, Cost and Use Public Use Files: CY 1992, CY 2003, and CY 2004.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

- 1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
- 2 Column percentages in longitudinal tables add up to 100 percent because expenditures for survey persons with missing values are assumed to be distributed the same as expenditures for those with nonmissing values.
- 3 *IADL* stands for Instrumental Activity of Daily Living.
- 4 *ADL* stands for Activity of Daily Living.
- 5 Health insurance will not add up to 100 percent because beneficiaries with Medicare Health Maintenance Organization coverage are not included.

Table 6.7 Physician/Supplier Services Expenditures for Noninstitutionalized Medicare Beneficiaries, by Demographic and Socioeconomic Characteristics, 1992-2004Community-Only Residents¹

1 of 2

Beneficiary Characteristic	1992	2003	2004	Annual Rate of Change 1992-2003 (%)	Annual Rate of Change 2003-2004 (%)	Annual Rate of Change 1992-2004 (%)
Total Physician/Supplier Expenditures (millions of \$)	\$52,350	\$126,285	\$134,413	8.25	6.44	7.84
	1,018	2,551	2,702			
Percentage of Total Physician/Supplier Services Expenditures²						
Medicare Status						
65 years and older	89.68	85.08	83.59	-0.47	-1.75	-0.56
	0.53	0.88	1.13			
64 years and younger	10.32	14.92	16.41	3.37	9.99	3.78
	0.53	0.88	1.13			
Race/Ethnicity						
White non-Hispanic	83.90	77.84	77.35	-0.67	-0.63	-0.65
	0.86	1.01	1.11			
All others	16.10	22.16	22.65	2.92	2.21	2.77
	0.86	1.01	1.11			
Functional Limitation						
None	40.49	43.10	44.93	0.56	4.25	0.84
	1.15	1.10	1.15			
IADL only ³	26.19	27.28	27.78	0.37	1.83	0.47
	1.05	0.97	1.23			
One to two ADLs ⁴	19.31	17.33	16.90	-0.97	-2.48	-1.06
	0.94	0.94	0.74			
Three to five ADLs	14.01	12.29	10.39	-1.17	-15.46	-2.36
	0.87	0.72	0.63			

Table 6.7 Physician/Supplier Services Expenditures for Noninstitutionalized Medicare Beneficiaries, by Demographic and Socioeconomic Characteristics, 1992-2004Community-Only Residents¹

2 of 2

Beneficiary Characteristic	1992	2003	2004	Annual Rate of Change 1992-2003 (%)	Annual Rate of Change 2003-2004 (%)	Annual Rate of Change 1992-2004 (%)
Total Physician/Supplier Expenditures (millions of \$)	\$52,350	\$126,285	\$134,413	8.25	6.44	7.84
	<i>1,018</i>	<i>2,551</i>	<i>2,702</i>			
Percentage of Total Physician/Supplier Services Expenditures²						
Health Insurance⁵						
Medicare fee-for-service only	6.90	6.61	4.80	-0.39	-27.38	-2.86
	<i>0.41</i>	<i>0.75</i>	<i>0.28</i>			
Medicaid	15.66	18.98	20.67	1.75	8.90	2.25
	<i>0.85</i>	<i>0.83</i>	<i>1.13</i>			
Private health insurance	71.57	62.60	61.82	-1.20	-1.25	-1.16
	<i>1.01</i>	<i>0.92</i>	<i>1.15</i>			
Income						
Lowest income quartile	22.57	24.82	27.63	0.86	11.32	1.63
	<i>0.91</i>	<i>0.80</i>	<i>1.14</i>			
Second income quartile	27.53	24.91	23.65	-0.90	-5.06	-1.21
	<i>0.96</i>	<i>0.87</i>	<i>0.88</i>			
Third income quartile	24.59	26.31	25.25	0.61	-4.03	0.21
	<i>0.84</i>	<i>1.12</i>	<i>1.15</i>			
Highest income quartile	25.31	23.96	23.48	-0.49	-2.00	-0.60
	<i>0.99</i>	<i>0.87</i>	<i>0.78</i>			

Source: Medicare Current Beneficiary Survey, Cost and Use Public Use Files: CY 1992, CY 2003, and CY 2004

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

- 1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
- 2 Column percentages in longitudinal tables add up to 100 percent because expenditures for survey persons with missing values are assumed to be distributed the same as expenditures for those with nonmissing values.
- 3 *IADL* stands for Instrumental Activity of Daily Living.
- 4 *ADL* stands for Activity of Daily Living.
- 5 Health insurance will not add up to 100 percent because beneficiaries with Medicare Health Maintenance Organization coverage are not included.

Table 6.8 Prescription Medicine Expenditures for Noninstitutionalized Medicare Beneficiaries, by Demographic and Socioeconomic Characteristics, 1992-2004Community-Only Residents¹

1 of 2

Beneficiary Characteristic	1992	2003	2004	Annual Rate of Change 1992-2003 (%)	Annual Rate of Change 2003-2004 (%)	Annual Rate of Change 1992-2004 (%)
Total Prescription Medicine Expenditures (millions of \$)	\$16,070	\$66,127	\$73,705	13.58	11.46	12.96
	228	1,066	1,024			
Percentage of Total Prescription Medicine Expenditures²						
Medicare Status						
65 years and older	85.74	79.40	78.23	-0.69	-1.47	-0.73
	0.62	0.72	0.83			
64 years and younger	14.26	20.60	21.77	3.37	5.68	3.44
	0.62	0.72	0.83			
Race/Ethnicity						
White non-Hispanic	86.25	79.94	78.55	-0.68	-1.74	-0.75
	0.58	0.76	0.83			
All others	13.75	20.06	21.45	3.46	6.93	3.62
	0.58	0.76	0.83			
Functional Limitation						
None	41.04	45.06	48.36	0.84	7.32	1.32
	0.93	0.70	0.87			
IADL only ³	28.19	27.75	26.33	-0.14	-5.12	-0.54
	0.74	0.63	0.67			
One to two ADLs ⁴	18.76	16.62	16.68	-1.08	0.36	-0.94
	0.66	0.61	0.61			
Three to five ADLs	12.01	10.57	8.62	-1.14	-18.45	-2.62
	0.61	0.59	0.42			

Table 6.8 Prescription Medicine Expenditures for Noninstitutionalized Medicare Beneficiaries, by Demographic and Socioeconomic Characteristics, 1992-2004Community-Only Residents¹

2 of 2

Beneficiary Characteristic	1992	2003	2004	Annual Rate of Change 1992-2003 (%)	Annual Rate of Change 2003-2004 (%)	Annual Rate of Change 1992-2004 (%)
Total Prescription Medicine Expenditures (millions of \$)	\$16,070	\$66,127	\$73,705	13.58	11.46	12.96
	<i>228</i>	<i>1,066</i>	<i>1,024</i>			
Percentage of Total Prescription Medicine Expenditures²						
Health Insurance⁵						
Medicare fee-for-service only	8.62	6.69	6.46	-2.26	-3.44	-2.28
	<i>0.46</i>	<i>0.45</i>	<i>0.38</i>			
Medicaid	14.75	20.50	21.80	3.01	6.34	3.17
	<i>0.59</i>	<i>0.63</i>	<i>0.72</i>			
Private health insurance	72.75	63.20	62.25	-1.26	-1.50	-1.24
	<i>0.73</i>	<i>0.72</i>	<i>0.84</i>			
Income						
Lowest income quartile	23.47	26.28	27.69	1.02	5.37	1.33
	<i>0.73</i>	<i>0.71</i>	<i>0.84</i>			
Second income quartile	25.64	23.11	23.89	-0.93	3.38	-0.56
	<i>0.75</i>	<i>0.66</i>	<i>0.70</i>			
Third income quartile	26.64	26.68	24.35	0.01	-8.73	-0.72
	<i>0.80</i>	<i>0.72</i>	<i>0.67</i>			
Highest income quartile	24.25	23.93	24.07	-0.12	0.59	-0.06
	<i>0.78</i>	<i>0.71</i>	<i>0.73</i>			

Source: Medicare Current Beneficiary Survey, Cost and Use Public Use Files: CY 1992, CY 2003, and CY 2004.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

- 1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
- 2 Column percentages in longitudinal tables add up to 100 percent because expenditures for survey persons with missing values are assumed to be distributed the same as expenditures for those with nonmissing values.
- 3 *IADL* stands for Instrumental Activity of Daily Living.
- 4 *ADL* stands for Activity of Daily Living.
- 5 Health insurance will not add up to 100 percent because beneficiaries with Medicare Health Maintenance Organization coverage are not included.

Table 6.9 Long-Term Facility Care Expenditures for Medicare Beneficiaries, by Demographic and Socioeconomic Characteristics, 1992-2004Long-Term Care Facility Residents¹

1 of 2

Beneficiary Characteristic	1992	2003	2004	Annual Rate of Change 1992-2003 (%)	Annual Rate of Change 2003-2004 (%)	Annual Rate of Change 1992-2004 (%)
Total Long-Term Facility Care Expenditures (millions of \$)	\$56,280	\$86,787	\$93,686	3.98	7.95	4.16
	2.903	2.812	3.390			
Percentage of Total Long-Term Facility Care Expenditures²						
Medicare Status						
65 years and older	81.65	85.57	83.81	0.42	-2.06	0.21
	2.22	1.43	1.68			
64 years and younger	18.35	14.43	16.19	-2.14	12.20	-1.00
	2.22	1.43	1.68			
Race/Ethnicity						
White non-Hispanic	89.45	81.46	81.84	-0.84	0.47	-0.71
	1.28	1.34	1.30			
All others	10.55	18.54	18.16	5.21	-2.05	4.44
	1.28	1.34	1.30			
Functional Limitation						
None	2.52*	4.09	3.50	4.45	-14.43	2.66
	0.67	0.72	0.77			
IADL only ³	7.05	5.73	5.63	-1.85	-1.75	-1.78
	1.28	0.77	0.73			
One to two ADLs ⁴	17.89	19.97	18.57	0.99	-7.01	0.30
	1.48	1.34	1.83			
Three to five ADLs	72.54	70.21	72.31	-0.29	2.99	-0.03
	1.97	1.47	1.83			

Table 6.9 Long-Term Facility Care Expenditures for Medicare Beneficiaries, by Demographic and Socioeconomic Characteristics, 1992-2004Long-Term Care Facility Residents¹

2 of 2

Beneficiary Characteristic	1992	2003	2004	Annual Rate of Change 1992-2003 (%)	Annual Rate of Change 2003-2004 (%)	Annual Rate of Change 1992-2004 (%)
Total Long-Term Facility Care Expenditures (millions of \$)	\$56,280	\$86,787	\$93,686	3.98	7.95	4.16
	<i>2,903</i>	<i>2,812</i>	<i>3,390</i>			
Percentage of Total Long-Term Facility Care Expenditures²						
Health Insurance⁵						
Medicare fee-for-service only	11.44	8.54	8.71	-2.60	1.99	-2.16
	<i>1.27</i>	<i>1.17</i>	<i>0.96</i>			
Medicaid	73.26	66.70	69.37	-0.84	4.00	-0.44
	<i>1.95</i>	<i>2.22</i>	<i>1.84</i>			
Private health insurance	14.55	20.94	18.29	3.33	-12.66	1.85
	<i>1.39</i>	<i>1.85</i>	<i>1.49</i>			
Income						
Lowest income quartile	56.09	52.77	51.92	-0.55	-1.61	-0.62
	<i>1.96</i>	<i>1.95</i>	<i>2.03</i>			
Second income quartile	23.17	24.79	25.35	0.61	2.26	0.72
	<i>1.58</i>	<i>1.45</i>	<i>1.77</i>			
Third income quartile	13.26	15.62	16.86	1.49	7.94	1.94
	<i>1.21</i>	<i>1.36</i>	<i>1.63</i>			
Highest income quartile	7.49	6.82	5.86	-0.84	-14.08	-1.94
	<i>1.14</i>	<i>0.92</i>	<i>0.88</i>			

Source: Medicare Current Beneficiary Survey, Cost and Use Public Use Files: CY 1992, CY 2003, and CY 2004.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

Values followed by an asterisk (*) indicate that the estimates are based on cell counts of less than 50 sample persons.

- 1 The term *long-term care facility residents* includes beneficiaries who resided only in a long-term care facility during the year, and beneficiaries who resided part of the year in a long-term care facility and part of the year in the community. It excludes beneficiaries who resided only in the community during the year.
- 2 Column percentages in longitudinal tables add up to 100 percent because expenditures for survey persons with missing values are assumed to be distributed the same as expenditures for those with nonmissing values.
- 3 *IADL* stands for Instrumental Activity of Daily Living.
- 4 *ADL* stands for Activity of Daily Living.
- 5 Health insurance will not add up to 100 percent because beneficiaries with Medicare Health Maintenance Organization coverage are not included.

Table 6.10 Inpatient Hospital User Rates for Noninstitutionalized Medicare Beneficiaries, by Demographic and Socioeconomic Characteristics, 1992-2004Community-Only Residents¹

1 of 2

Beneficiary Characteristic	1992	2003	2004	Annual Rate of Change 1992-2003 (%)	Annual Rate of Change 2003-2004 (%)	Annual Rate of Change 1992-2004 (%)
Percentage of Beneficiaries with at Least One Inpatient Hospital Stay						
All Beneficiaries	17.94	19.43	18.87	0.72	-2.88	0.41
	0.33	0.38	0.41			
Medicare Status						
65 years and older	17.70	19.17	18.37	0.72	-4.17	0.30
	0.37	0.40	0.42			
64 years and younger	20.15	20.98	21.62	0.36	3.05	0.56
	0.93	1.08	1.36			
Race/Ethnicity						
White non-Hispanic	18.07	19.51	18.88	0.69	-3.23	0.35
	0.36	0.40	0.41			
All others	17.39	19.33	18.80	0.96	-2.74	0.63
	0.98	0.89	0.97			
Functional Limitation						
None	11.28	12.77	12.57	1.12	-1.57	0.87
	0.39	0.46	0.47			
IADL only ²	22.36	26.17	24.61	1.43	-5.96	0.77
	0.82	0.99	0.98			
One to two ADLs ³	27.46	28.14	26.53	0.22	-5.72	-0.28
	1.15	1.29	1.14			
Three to five ADLs	35.75	36.93	41.63	0.29	12.73	1.23
	1.40	1.67	2.03			
Health Insurance						
Medicare fee-for-service only	16.85	18.99	14.94	1.08	-21.33	-0.96
	1.06	1.26	1.19			
Medicaid	24.67	24.57	24.51	-0.04	-0.24	-0.05
	1.28	1.11	0.85			
Private health insurance	17.06	19.28	19.09	1.11	-0.99	0.90
	0.42	0.51	0.57			
Medicare HMO ⁴	16.23	13.73	12.97	-1.49	-5.54	-1.78
	1.37	0.98	0.83			

Table 6.10 Inpatient Hospital User Rates for Noninstitutionalized Medicare Beneficiaries, by Demographic and Socioeconomic Characteristics, 1992-2004Community-Only Residents¹

2 of 2

Beneficiary Characteristic	1992	2003	2004	Annual Rate of Change 1992-2003 (%)	Annual Rate of Change 2003-2004 (%)	Annual Rate of Change 1992-2004 (%)
Percentage of Beneficiaries with at Least One Inpatient Hospital Stay						
All Beneficiaries	17.94	19.43	18.87	0.72	-2.88	0.41
	<i>0.33</i>	<i>0.38</i>	<i>0.41</i>			
Income						
Lowest income quartile	18.78	22.71	21.87	1.72	-3.70	1.23
	<i>0.67</i>	<i>0.79</i>	<i>0.72</i>			
Second income quartile	20.95	19.97	20.65	-0.43	3.41	-0.12
	<i>0.88</i>	<i>0.74</i>	<i>0.88</i>			
Third income quartile	16.47	18.56	16.60	1.08	-10.56	0.06
	<i>0.64</i>	<i>0.75</i>	<i>0.72</i>			
Highest income quartile	15.40	16.37	15.99	0.55	-2.32	0.30
	<i>0.59</i>	<i>0.81</i>	<i>0.80</i>			

Source: Medicare Current Beneficiary Survey, Cost and Use Public Use Files: CY 1992, CY 2003, and CY 2004.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.

2 *IADL* stands for Instrumental Activity of Daily Living.

3 *ADL* stands for Activity of Daily Living.

4 *HMO* stands for Health Maintenance Organization.

Table 6.11 Outpatient Hospital User Rates for Noninstitutionalized Medicare Beneficiaries, by Demographic and Socioeconomic Characteristics, 1992-2004Community-Only Residents¹

1 of 2

Beneficiary Characteristic	1992	2003	2004	Annual Rate of Change 1992-2003 (%)	Annual Rate of Change 2003-2004 (%)	Annual Rate of Change 1992-2004 (%)
Percentage of Beneficiaries with at Least One Outpatient Hospital Visit						
All Beneficiaries	57.90	72.90	72.31	2.09	-0.81	1.79
	0.77	0.52	0.59			
Medicare Status						
65 years and older	57.40	72.21	71.58	2.09	-0.87	1.78
	0.81	0.58	0.65			
64 years and younger	62.48	77.02	76.39	1.90	-0.82	1.62
	1.30	1.16	1.38			
Race/Ethnicity						
White non-Hispanic	57.81	73.54	73.45	2.19	-0.12	1.93
	0.86	0.54	0.65			
All others	58.28	70.70	68.60	1.75	-2.97	1.31
	1.32	1.06	1.25			
Functional Limitation						
None	52.23	68.65	67.50	2.49	-1.68	2.07
	0.88	0.72	0.80			
IADL only ²	62.52	77.85	79.25	1.99	1.80	1.92
	1.15	0.87	0.88			
One to two ADLs ³	66.13	78.43	79.69	1.55	1.61	1.50
	1.22	1.06	1.49			
Three to five ADLs	70.31	82.07	77.95	1.40	-5.02	0.83
	1.50	1.28	1.64			
Health Insurance						
Medicare fee-for-service only	50.58	66.69	62.30	2.52	-6.58	1.68
	1.53	1.35	1.78			
Medicaid	65.89	78.55	75.72	1.59	-3.60	1.12
	1.54	1.10	1.19			
Private health insurance	57.77	73.92	74.64	2.24	0.97	2.07
	0.92	0.71	0.82			
Medicare HMO ⁴	57.05	65.41	64.15	1.24	-1.93	0.94
	2.14	1.34	1.51			

Table 6.11 Outpatient Hospital User Rates for Noninstitutionalized Medicare Beneficiaries, by Demographic and Socioeconomic Characteristics, 1992-2004Community-Only Residents¹

2 of 2

Beneficiary Characteristic	1992	2003	2004	Annual Rate of Change 1992-2003 (%)	Annual Rate of Change 2003-2004 (%)	Annual Rate of Change 1992-2004 (%)
Percentage of Beneficiaries with at Least One Outpatient Hospital Visit						
All Beneficiaries	57.90	72.90	72.31	2.09	-0.81	1.79
	<i>0.77</i>	<i>0.52</i>	<i>0.59</i>			
Income						
Lowest income quartile	56.64	73.66	71.58	2.39	-2.82	1.89
	<i>1.12</i>	<i>0.94</i>	<i>1.00</i>			
Second income quartile	59.64	73.43	71.47	1.89	-2.67	1.46
	<i>1.15</i>	<i>0.84</i>	<i>1.14</i>			
Third income quartile	56.78	72.67	73.97	2.25	1.79	2.14
	<i>1.32</i>	<i>1.03</i>	<i>1.02</i>			
Highest income quartile	58.54	71.81	72.27	1.86	0.64	1.70
	<i>1.28</i>	<i>1.03</i>	<i>1.04</i>			

Source: Medicare Current Beneficiary Survey, Cost and Use Public Use Files: CY 1992, CY 2003, and CY 2004.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.

2 *IADL* stands for Instrumental Activity of Daily Living.

3 *ADL* stands for Activity of Daily Living.

4 *HMO* stands for Health Maintenance Organization.

Table 6.12 Physician/Supplier Services User Rates for Noninstitutionalized Medicare Beneficiaries, by Demographic and Socioeconomic Characteristics, 1992-2004Community-Only Residents¹

1 of 2

Beneficiary Characteristic	1992	2003	2004	Annual Rate of Change 1992-2003 (%)	Annual Rate of Change 2003-2004 (%)	Annual Rate of Change 1992-2004 (%)
Percentage of Beneficiaries with at Least One Physician/Supplier Service						
All Beneficiaries	92.36	95.99	95.59	0.35	-0.42	0.28
	0.27	0.25	0.23			
Medicare Status						
65 years and older	92.69	96.20	95.80	0.34	-0.42	0.26
	0.26	0.26	0.24			
64 years and younger	89.34	94.74	94.42	0.53	-0.34	0.44
	0.73	0.71	0.63			
Race/Ethnicity						
White non-Hispanic	92.99	96.54	96.16	0.34	-0.39	0.27
	0.25	0.26	0.25			
All others	89.13	94.19	93.66	0.50	-0.56	0.40
	0.97	0.53	0.62			
Functional Limitation						
None	90.13	94.91	94.19	0.47	-0.76	0.35
	0.42	0.33	0.37			
IADL only ²	94.55	97.64	97.24	0.29	-0.41	0.22
	0.44	0.40	0.34			
One to two ADLs ³	95.43	97.13	97.71	0.16	0.60	0.19
	0.54	0.45	0.39			
Three to five ADLs	96.34	97.59	98.47	0.12	0.90	0.18
	0.52	0.62	0.53			
Health Insurance						
Medicare fee-for-service only	83.25	90.23	86.53	0.73	-4.10	0.31
	1.23	1.27	1.35			
Medicaid	92.42	95.55	95.14	0.30	-0.43	0.23
	0.74	0.60	0.58			
Private health insurance	93.86	97.12	97.19	0.31	0.07	0.28
	0.31	0.27	0.25			
Medicare HMO ⁴	92.76	95.61	95.51	0.27	-0.10	0.23
	0.97	0.60	0.72			

Table 6.12 Physician/Supplier Services User Rates for Noninstitutionalized Medicare Beneficiaries, by Demographic and Socioeconomic Characteristics, 1992-2004Community-Only Residents¹

2 of 2

Beneficiary Characteristic	1992	2003	2004	Annual Rate of Change 1992-2003 (%)	Annual Rate of Change 2003-2004 (%)	Annual Rate of Change 1992-2004 (%)
Percentage of Beneficiaries with at Least One Physician/Supplier Service						
All Beneficiaries	92.36	95.99	95.59	0.35	-0.42	0.28
	<i>0.27</i>	<i>0.20</i>	<i>0.25</i>			
Income						
Lowest income quartile	88.83	93.98	93.22	0.51	-0.81	0.39
	<i>0.65</i>	<i>0.53</i>	<i>0.55</i>			
Second income quartile	93.19	95.86	95.77	0.25	-0.09	0.22
	<i>0.49</i>	<i>0.47</i>	<i>0.44</i>			
Third income quartile	92.46	97.15	96.74	0.45	-0.42	0.36
	<i>0.52</i>	<i>0.37</i>	<i>0.45</i>			
Highest income quartile	95.04	96.98	96.93	0.18	-0.05	0.16
	<i>0.42</i>	<i>0.46</i>	<i>0.45</i>			

Source: Medicare Current Beneficiary Survey, Cost and Use Public Use Files: CY 1992, CY 2003, and CY 2004.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

- 1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
- 2 *IADL* stands for Instrumental Activity of Daily Living.
- 3 *ADL* stands for Activity of Daily Living.
- 4 *HMO* stands for Health Maintenance Organization.

Table 6.13 Prescription Medicine User Rates for Noninstitutionalized Medicare Beneficiaries, by Demographic and Socioeconomic Characteristics, 1992-2004Community-Only Residents¹

1 of 2

Beneficiary Characteristic	1992	2003	2004	Annual Rate of Change 1992-2003 (%)	Annual Rate of Change 2003-2004 (%)	Annual Rate of Change 1992-2004 (%)
Percentage of Beneficiaries with at Least One Prescribed Medicine						
All Beneficiaries	85.20	92.25	92.24	0.72	-0.01	0.64
	0.36	0.29	0.31			
Medicare Status						
65 years and older	85.31	92.22	92.42	0.70	0.22	0.64
	0.38	0.33	0.35			
64 years and younger	84.14	92.41	91.28	0.85	-1.22	0.65
	0.86	0.78	0.85			
Race/Ethnicity						
White non-Hispanic	85.52	92.73	92.88	0.73	0.16	0.66
	0.41	0.35	0.31			
All others	83.54	90.50	90.20	0.72	-0.33	0.62
	1.00	0.74	0.83			
Functional Limitation						
None	80.67	90.17	90.44	1.01	0.30	0.92
	0.59	0.43	0.45			
IADL only ²	90.33	94.85	94.78	0.44	-0.07	0.39
	0.55	0.54	0.46			
One to two ADLs ³	91.16	95.68	95.19	0.44	-0.51	0.35
	0.64	0.57	0.61			
Three to five ADLs	91.90	94.75	94.14	0.28	-0.64	0.19
	0.86	0.90	1.03			
Health Insurance						
Medicare fee-for-service only	76.58	81.82	78.30	0.60	-4.30	0.18
	1.26	1.32	1.25			
Medicaid	86.72	92.88	92.28	0.62	-0.65	0.50
	0.91	0.64	0.63			
Private health insurance	86.39	93.65	94.17	0.73	0.56	0.69
	0.46	0.33	0.37			
Medicare HMO ⁴	85.04	92.83	93.59	0.79	0.82	0.77
	1.67	0.80	0.90			

Table 6.13 Prescription Medicine User Rates for Noninstitutionalized Medicare Beneficiaries, by Demographic and Socioeconomic Characteristics, 1992-2004Community-Only Residents¹

2 of 2

Beneficiary Characteristic	1992	2003	2004	Annual Rate of Change 1992-2003 (%)	Annual Rate of Change 2003-2004 (%)	Annual Rate of Change 1992-2004 (%)
Percentage of Beneficiaries with at Least One Prescribed Medicine						
All Beneficiaries	85.20	92.25	92.24	0.72	-0.01	0.64
	<i>0.36</i>	<i>0.29</i>	<i>0.31</i>			
Income						
Lowest income quartile	82.74	90.74	89.08	0.83	-1.83	0.59
	<i>0.69</i>	<i>0.61</i>	<i>0.69</i>			
Second income quartile	85.70	90.86	92.46	0.53	1.76	0.61
	<i>0.70</i>	<i>0.67</i>	<i>0.62</i>			
Third income quartile	85.51	94.13	93.74	0.87	-0.41	0.74
	<i>0.78</i>	<i>0.52</i>	<i>0.58</i>			
Highest income quartile	86.88	93.24	94.08	0.64	0.90	0.64
	<i>0.78</i>	<i>0.57</i>	<i>0.50</i>			

Source: Medicare Current Beneficiary Survey, Cost and Use Public Use Files: CY 1992, CY 2003, and CY 2004.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.

2 *IADL* stands for Instrumental Activity of Daily Living.

3 *ADL* stands for Activity of Daily Living.

4 *HMO* stands for Health Maintenance Organization.

Table 6.14 Facility User Rates for Medicare Beneficiaries, by Demographic and Socioeconomic Characteristics, 1992-2004

All Medicare Beneficiaries

1 of 2

Beneficiary Characteristic	1992	2003	2004	Annual Rate of Change 1992-2003 (%)	Annual Rate of Change 2003-2004 (%)	Annual Rate of Change 1992-2004 (%)
Percentage of Beneficiaries with at Least One Short- or Long-Term Care Facility Stay						
All Beneficiaries	7.69	8.80	8.63	1.22	-1.93	0.93
	0.23	0.21	0.20			
Medicare Status						
65 years and older	7.58	8.99	8.71	1.55	-3.11	1.12
	0.23	0.24	0.22			
64 years and younger	8.67	7.66	8.15	-1.11	6.40	-0.49
	0.66	0.62	0.79			
Race/Ethnicity						
White non-Hispanic	8.02	9.28	9.19	1.32	-0.97	1.10
	0.26	0.25	0.24			
All others	5.47	6.90	6.62	2.11	-4.06	1.54
	0.47	0.44	0.46			
Functional Limitation						
None	0.81	1.57	1.54	6.14	-1.91	5.27
	0.11	0.15	0.15			
IADL only ¹	3.95	6.34	6.90	4.35	8.83	4.56
	0.39	0.46	0.53			
One to two ADLs ²	11.54	16.51	13.58	3.28	-17.75	1.31
	0.84	0.83	0.78			
Three to five ADLs	41.18	42.32	45.98	0.25	8.65	0.89
	1.31	1.31	1.17			
Health Insurance						
Medicare fee-for-service only	8.74	8.53	7.69	-0.22	-9.85	-1.02
	0.62	0.74	0.68			
Medicaid	28.66	22.96	22.31	-1.98	-2.83	-1.98
	1.06	0.81	0.88			
Private health insurance	2.77	4.94	4.78	5.34	-3.24	4.46
	0.16	0.27	0.23			
Medicare HMO ³	2.73*	5.04	4.63	5.67	-8.13	4.32
	0.56	0.66	0.53			

Table 6.14 Facility User Rates for Medicare Beneficiaries, by Demographic and Socioeconomic Characteristics, 1992-2004

All Medicare Beneficiaries

2 of 2

Beneficiary Characteristic	1992	2003	2004	Annual Rate of Change 1992-2003 (%)	Annual Rate of Change 2003-2004 (%)	Annual Rate of Change 1992-2004 (%)
Percentage of Beneficiaries with at Least One Short- or Long-Term Care Facility Stay						
All Beneficiaries	7.69	8.80	8.63	1.22	-1.93	0.93
	<i>0.23</i>	<i>0.21</i>	<i>0.20</i>			
Income						
Lowest income quartile	15.48	15.59	15.37	0.06	-1.41	-0.06
	<i>0.62</i>	<i>0.59</i>	<i>0.72</i>			
Second income quartile	7.75	9.26	9.06	1.62	-2.16	1.26
	<i>0.43</i>	<i>0.51</i>	<i>0.49</i>			
Third income quartile	4.56	6.16	6.61	2.74	7.31	3.01
	<i>0.34</i>	<i>0.40</i>	<i>0.43</i>			
Highest income quartile	2.67	3.87	3.40	3.40	-12.14	1.95
	<i>0.31</i>	<i>0.38</i>	<i>0.32</i>			

Source: Medicare Current Beneficiary Survey, Cost and Use Public Use Files: CY 1992, CY 2003, and CY 2004.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

Values followed by an asterisk (*) indicate that the estimates are based on cell counts of less than 50 sample persons.

- 1 *IADL* stands for Instrumental Activity of Daily Living.
- 2 *ADL* stands for Activity of Daily Living.
- 3 *HMO* stands for Health Maintenance Organization.

Table 6.15 Percentage of Noninstitutionalized Medicare Beneficiaries Satisfied or Very Satisfied with Their General Health Care¹, by Demographic and Socioeconomic Characteristics, 1992-2004Community-Only Residents²

1 of 3

Beneficiary Characteristic	1992	2003	2004	Annual Rate of Change 1992-2003 (%)	Annual Rate of Change 2003-2004 (%)	Annual Rate of Change 1992-2004 (%)
All Beneficiaries	88.24	93.29	93.57	0.50	0.30	0.47
	0.36	0.26	0.29			
Medicare Status						
64 years and younger	83.90	90.84	91.93	0.72	1.20	0.73
	0.94	0.82	0.74			
65 years and older	88.70	93.70	93.86	0.49	0.17	0.45
	0.38	0.29	0.31			
Gender						
Male	86.43	92.35	92.96	0.60	0.66	0.58
	0.49	0.45	0.45			
Female	89.63	94.05	94.07	0.43	0.02	0.39
	0.47	0.33	0.35			
Race/Ethnicity						
White non-Hispanic	88.87	93.68	94.01	0.48	0.35	0.45
	0.37	0.29	0.30			
All others	84.92	91.84	92.00	0.71	0.17	0.64
	1.04	0.65	0.79			
Functional Limitation						
None	87.27	93.53	93.88	0.63	0.37	0.59
	0.47	0.35	0.34			
IADL only ³	90.67	93.68	93.88	0.29	0.21	0.28
	0.60	0.48	0.53			
One to two ADLs ⁴	89.83	92.05	92.51	0.22	0.50	0.24
	0.93	0.80	0.83			
Three to five ADLs	85.02	92.46	91.71	0.76	-0.81	0.61
	1.31	0.91	1.17			

Table 6.15 Percentage of Noninstitutionalized Medicare Beneficiaries Satisfied or Very Satisfied with Their General Health Care¹, by Demographic and Socioeconomic Characteristics, 1992-2004Community-Only Residents²

2 of 3

Beneficiary Characteristic	1992	2003	2004	Annual Rate of Change 1992-2003 (%)	Annual Rate of Change 2003-2004 (%)	Annual Rate of Change 1992-2004 (%)
All Beneficiaries	88.24	93.29	93.57	0.50	0.30	0.47
	0.36	0.26	0.29			
Usual Source of Care						
No usual source of care	55.17	57.69	55.40	0.40	-3.97	0.03
	1.77	2.50	2.75			
Has usual source of care	91.74	95.00	95.23	0.31	0.24	0.30
	0.30	0.22	0.26			
Living Arrangement						
Alone	89.16	92.03	93.00	0.29	1.05	0.34
	0.59	0.52	0.48			
With spouse	88.63	94.30	94.48	0.56	0.19	0.51
	0.47	0.33	0.38			
With children/others	85.49	92.42	92.04	0.70	-0.41	0.59
	0.90	0.63	0.63			
Health Insurance						
Medicare fee-for-service only	76.61	86.45	84.71	1.09	-2.01	0.81
	1.23	1.20	1.17			
Medicaid	87.48	91.75	91.80	0.43	0.05	0.39
	0.99	0.73	0.82			
Private health insurance	90.13	94.79	95.36	0.45	0.60	0.45
	0.39	0.27	0.32			
Medicare HMO ⁵	90.41	93.39	94.24	0.29	0.91	0.33
	1.13	0.76	0.72			

Table 6.15 Percentage of Noninstitutionalized Medicare Beneficiaries Satisfied or Very Satisfied with Their General Health Care¹, by Demographic and Socioeconomic Characteristics, 1992-2004Community-Only Residents²

3 of 3

Beneficiary Characteristic	1992	2003	2004	Annual Rate of Change 1992-2003 (%)	Annual Rate of Change 2003-2004 (%)	Annual Rate of Change 1992-2004 (%)
All Beneficiaries	88.24	93.29	93.57	0.50	0.30	0.47
	<i>0.36</i>	<i>0.26</i>	<i>0.29</i>			
Income						
Lowest income quartile	85.99	90.79	91.64	0.49	0.94	0.51
	<i>0.75</i>	<i>0.59</i>	<i>0.58</i>			
Second income quartile	87.39	92.07	92.35	0.47	0.30	0.44
	<i>0.72</i>	<i>0.68</i>	<i>0.60</i>			
Third income quartile	87.52	94.83	94.85	0.72	0.02	0.65
	<i>0.70</i>	<i>0.50</i>	<i>0.44</i>			
Highest income quartile	92.22	95.49	95.68	0.31	0.20	0.30
	<i>0.57</i>	<i>0.45</i>	<i>0.55</i>			

Source: Medicare Current Beneficiary Survey, Access to Care Public Use Files: CY 1992, CY 2003, and CY 2004.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

- 1 Degree of satisfaction with general health care is measured by the variable, *mcquality*, which asks the beneficiary about satisfaction with the overall quality of medical care received during the year.
- 2 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
- 3 *IADL* stands for Instrumental Activity of Daily Living.
- 4 *ADL* stands for Activity of Daily Living.
- 5 *HMO* stands for Health Maintenance Organization.

Table 6.16 Percentage of Noninstitutionalized Medicare Beneficiaries with a Usual Source of Health Care, by Demographic and Socioeconomic Characteristics, 1992-2004Community-Only Residents¹

1 of 3

Beneficiary Characteristic	1992	2003	2004	Annual Rate of Change 1992-2003 (%)	Annual Rate of Change 2003-2004 (%)	Annual Rate of Change 1992-2004 (%)
All Beneficiaries	90.45	95.45	95.80	0.49	0.37	0.46
	0.35	0.23	0.21			
Medicare Status						
64 years and younger	88.46	94.48	94.81	0.59	0.35	0.56
	0.79	0.60	0.70			
65 years and older	90.66	95.61	95.98	0.48	0.39	0.46
	0.35	0.26	0.21			
Gender						
Male	88.14	94.51	94.71	0.63	0.21	0.58
	0.52	0.35	0.34			
Female	92.24	96.21	96.68	0.38	0.49	0.38
	0.40	0.30	0.27			
Race/Ethnicity						
White non-Hispanic	90.96	95.84	96.05	0.47	0.22	0.44
	0.35	0.23	0.23			
All others	87.64	94.05	94.93	0.64	0.94	0.64
	0.99	0.59	0.53			
Functional Limitation						
None	88.36	94.86	94.89	0.64	0.03	0.57
	0.52	0.32	0.30			
IADL only ²	93.03	96.67	96.79	0.35	0.12	0.32
	0.51	0.36	0.39			
One to two ADLs ³	92.95	95.59	97.59	0.25	2.09	0.39
	0.57	0.66	0.49			
Three to five ADLs	93.39	96.26	97.17	0.27	0.95	0.32
	1.01	0.66	0.54			

Table 6.16 Percentage of Noninstitutionalized Medicare Beneficiaries with a Usual Source of Health Care, by Demographic and Socioeconomic Characteristics, 1992-2004Community-Only Residents¹

2 of 3

Beneficiary Characteristic	1992	2003	2004	Annual Rate of Change 1992-2003 (%)	Annual Rate of Change 2003-2004 (%)	Annual Rate of Change 1992-2004 (%)
All Beneficiaries	90.45	95.45	95.80	0.49	0.37	0.46
	0.35	0.23	0.21			
Living Arrangement						
Alone	90.64	94.71	94.93	0.40	0.23	0.37
	0.49	0.40	0.45			
With spouse	90.94	96.45	96.77	0.53	0.33	0.50
	0.46	0.28	0.28			
With children/others	88.59	93.76	94.56	0.51	0.85	0.52
	0.72	0.58	0.52			
Health Insurance						
Medicare fee-for-service only	80.82	88.72	88.86	0.84	0.16	0.76
	1.17	1.03	1.01			
Medicaid	89.61	94.00	94.62	0.43	0.66	0.44
	0.85	0.76	0.52			
Private health insurance	91.78	96.27	96.74	0.43	0.49	0.42
	0.37	0.25	0.21			
Medicare HMO ⁴	95.18	98.68	98.22	0.33	-0.47	0.25
	0.99	0.30	0.34			

Table 6.16 Percentage of Noninstitutionalized Medicare Beneficiaries with a Usual Source of Health Care, by Demographic and Socioeconomic Characteristics, 1992-2004Community-Only Residents¹

3 of 3

Beneficiary Characteristic	1992	2003	2004	Annual Rate of Change 1992-2003 (%)	Annual Rate of Change 2003-2004 (%)	Annual Rate of Change 1992-2004 (%)
All Beneficiaries	90.45	95.45	95.80	0.49	0.37	0.46
	<i>0.35</i>	<i>0.23</i>	<i>0.21</i>			
Income						
Lowest income quartile	88.61	93.24	94.12	0.46	0.94	0.48
	<i>0.72</i>	<i>0.60</i>	<i>0.54</i>			
Second income quartile	90.15	95.15	95.55	0.49	0.42	0.47
	<i>0.58</i>	<i>0.40</i>	<i>0.38</i>			
Third income quartile	91.22	96.25	96.11	0.48	-0.15	0.42
	<i>0.54</i>	<i>0.46</i>	<i>0.44</i>			
Highest income quartile	91.85	97.20	97.66	0.51	0.47	0.49
	<i>0.63</i>	<i>0.31</i>	<i>0.37</i>			

Source: Medicare Current Beneficiary Survey, Access to Care Public Use Files: CY 1992, CY 2003, and CY 2004.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.

2 *IADL* stands for Instrumental Activity of Daily Living.

3 *ADL* stands for Activity of Daily Living.

4 *HMO* stands for Health Maintenance Organization.